

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER THE HIGHMORE HERALD		2. DATE 9/27/24
3. FREQUENCY OF ISSUE WEEKLY	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 35 In-State \$38 Out-of-State
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO BOX 435, 211 IOWA AVENUE SW, HIGHMORE, HYDE, SD 57345-0435		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO BOX 435, HIGHMORE, SD 57345-0435		
6. FULL NAME OF PUBLISHER: MARY ANN MORFORD		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME MARY ANN MORFORD		COMPLETE MAILING ADDRESS PO BOX 435, HIGHMORE, SD 57345-0435
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1000	1000
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	56	56
2. Mail Subscription (Paid and or requested)	645	612
3. Paid Electronic Copies	0	0
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	671	668
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	26	26
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	697	694
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	234	237
2. Return from News Agents	69	69
G. TOTAL (Sum of E, F1 and F2 Should equal total shown in A.)	1000	1000

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
 I swear that the statements made by me are true, correct, and complete:

Mary Ann Morford
 (Signature)

Owner/Publisher
 (Title)

State of South Dakota)
 County of *Hyde*)
 (Seal)

Sworn to before me this *27th* day of *Sept.*, 20*24*
Mary E Hambl
 Notary Public
 My commission expires *July 8, 2028*